MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
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97							
98							
99							
100							
TOTAL IND.		6		10			
TOTAL DEP.		15					
TOTAL CLAIMS		21		10			